

NEWS

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HELENA, MONTANA 59620

November/December, 1984

Nursing Bureau, MT Department of Health and
Environmental Sciences, Helena, MT 59620

406/444-4740

*** CHILDREN: OUR GREATEST NATIONAL RESOURCE ***

The 1983 Martha May Eliot Award of the American Public Health Association (APHA) Maternal and Child Health (MCH) Section was presented to Dr. Kathryn Barnard in November, 1983 at the 11th Annual Meeting of APHA in Dallas, TX.

Kathryn Barnard is known by many Montana nurses and other health care workers for her outstanding contributions to child development assessment, parent-child interaction, and early intervention.

Many Montana nurses have been privileged to have been students of Dr. Barnard, either on the University of Washington campus, or through satellite and teleference or instructional television classes, such as NCAST.

We are pleased to reproduce Dr. Barnard's acceptance speech, "Children: Our Greatest National Resource" with the hope that all of us will become increasingly inspired to utilize the resources we have available to truly improve the health services to our citizens.

***Public Health Currents, March-April 1984

CHILDREN: OUR GREATEST NATIONAL RESOURCE

It is a great pleasure for me to accept the American Public Health Association's Martha May Eliot Award. I accept the award on behalf of all American nurses, who are making contributions on a daily basis to the health and well-being of children and families. I would like to specifically acknowledge the support of my colleagues at the University of Washington and in state and federal public health roles, all of whom have greatly influenced and aided my own work.

The Legacy of Martha May Eliot

I find it personally significant to be honored with the award established to honor the contributions of a person whose work set the path in so many ways for my own career. My own master's education in maternal-child nursing at Boston University existed with the support of training monies from the Children's Bureau. For the past 20 years, I have worked in a university-affiliated child development and mental retardation center at the University of Washington that had its creation in the early programs and ideas of Dr. Eliot.

I have had the good fortune to be influenced by many of the maternal and child health policies that Martha May Eliot had a part in creating. These policies dealt with providing comprehensive health care for crippled children, diagnostic and treatment services for mentally retarded children and their families, maternal and infant care services to high-risk populations and training in maternal and child health for health care professionals. Dr. Eliot, in fact, was responsible for initiating MCH training programs for nurses and other health care professionals.

Martha Eliot had a vision of what children and families needed to be healthy. In the 1980s, we continue to work toward implementing some of her vision. Dr. Eliot used whatever strategies and forms of influence she thought might help her achieve the goals. She introduced the concept of comprehensive health care, which has become the basis of pediatric care. Because she believed in comprehensive health care for all children—and attempted to get it—the conservative government of her day chose to replace her as Chief of the Children's Bureau, rather than resist her efforts to put her goals into practice.

Our strategies for today must be planned in light of the same conservative philosophies. We need to be steadfast in our convictions about MCH programs while, at the same time, we develop the social and political will required to implement needed programs.

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Adopt a Smoker
Help a friend quit

Important Maternal and Child Health Goals

An estimated 25% of all school-aged children today require special school services. A large proportion of these children have developmental disabilities, and an increasing number have physical and chronic health problems. There is an enormous need to expand the health programs in public schools to accommodate these children.

There is reason to believe that our efforts to increase the survival of high-risk infants actually may help contribute to an increased incidence of handicapped children in our population. Evidence is emerging that mothers who themselves were low-birth-weight infants are more likely to have offspring with health problems (not necessarily low birth weight). Therefore, as the number of surviving low-birth-weight infants increases, we can anticipate an increased incidence of handicapped children in our society. *Every effort should be made to reduce the incidence of low-birth-weight infants.*

Further, we know from several decades of research that deprived environments negatively influence the subsequent development of children, even those who had apparently normal births. We know that much of the variance observed in children's later cognitive and behavioral function can be traced to the degree of early stimulation provided by the environment and the parent-child interaction.

It seems to me that there are some fairly simple concepts we can implement as public health measures to prevent the decline in cognitive growth of children in deprived environments. For example, we have evidence from both human and animal studies that confirms the importance of novelty and exploration for the child during the second half of the 1st year of life. To foster this exploration and interaction with the environment and thus are important facilitators of the infant's later cognitive development. Why not establish toy banks—potentially as important for brain development as food banks—for poor families? The toy demonstrator concept, advanced by Phyllis Levenstein for the 2-year-old, certainly could be applied in working with parents during the 1st year of the child's life.

This is an age where many couples who never have had the experience of parenting or caring for a child are becoming parents. We need to provide more guidance to all families of newborns in the weeks following delivery. Such services can help parents learn about their infant's capabilities. They encourage parent-child interaction and assist the parent in a positive adaptation to parenting.

Our overall goal must be to gain public support for preventive maternal and child health measures. Over the next 5 years, I believe that maternal and child health programs will be at great risk, partly because of ongoing efforts to contain the costs of hospital care. The care of acutely ill adults will shift from the hospital to the community, straining community health resources. I fear that preventive MCH measures for children and families will assume a lower priority as a result.

We must promote new values in American society, which up to now has valued not health, but the absence of disease. To this end, we can take advantage of the growing public awareness of the need to contain health care costs. Nothing will drive home to the American people the need to value health like an understanding of the costs of treating preventable disability and disease. As part of our efforts to shape new values, we also must consider how we can use what we already know about effective MCH programs to increase their impact.

Strategies for Improving The Effectiveness of MCH Programs

We need to define the different forms of preventive health care required by different populations. For example, socially at-risk pregnant women often live in highly unstable and tension-filled family environments. These women are more likely to deliver their infants prematurely than are women with good support systems. To decrease the likelihood of premature births among these women, we need to ensure that their prenatal care includes mental health components that address their social and interpersonal conflicts and deficits. Such prenatal mental health care helps produce a growth in social competence, which allows a woman to develop a supportive network among her family and friends.

On the other hand, prenatal care for women who have adequate support, education, and money seems to require less one-to-one professional contact than we presently provide. This contact usually builds the woman's dependency on the professional and decreases her reliance on family members. These high-resource women can be taught to monitor much of their own health status during pregnancy. Both the woman and her partner profit from the information and contacts gained in group prenatal classes, which can make up a major part of the service programs provided to low-risk populations. The nurse midwife has been shown to be effective with low-risk pregnancies and to offer a form of care preferred and sought by many couples.

We need to reformulate prenatal care if we are to have the resources to support both the growth and self-care of the low-risk couple and the expanded psychosocial prenatal health care of the socially at-risk mother. All the strategies we have discussed require some degree of economic reform, as well as changes in program structure and in professional roles.

Groups such as the American Public Health Association must propose these changes. Both in prenatal care and in child health outcomes, the public health program in this country are struggling to stretch their resources to do the job of health promotion and disease prevention. I view with alarm the signs that we are losing ground in the battle, including the evidence of shrinking resources.

Public health nurses continue to be a major health resource for poor people in America. Yet, nursing services are cut from budgets and nurses are restricted from home visits because of "high costs." Nurses are faced with the problem of helping these low-resource, high-problem families while receiving little guidance and little support for their role.

Informal surveys show that directors of health programs estimate that MCH consumes over 50% of nursing time. Yet, undergraduate and graduate public health nursing education programs prepare nurses to function as generalists in health care. In my experience, public health nurses need much more advanced preparation in maternal and child health nursing. The complexities of child abuse, child neglect, chronic illnesses, and acute care require expert knowledge and skill. Increased pressure on hospitals to cut costs will force even more complex care demands on the public health nurse. There is an enormous need to reinstitute Martha May Eliot's earlier emphasis on professional training of public health staff, especially of nurses.

Summary

Thanks to Martha Eliot, we can all work toward furthering the goals of improved health for children and families. We need to reform MCH services to reduce child health disabilities, i.e., through programs to prevent low birth weight and avoid developmental decline among children in poor environments. At the same time, we need to improve the level of professional education for public health nurses and to increase the amount of professional support they have in their fieldwork. Nursing is an important health care resource in maternal and child health, yet most public health nurses work without adequate clinical case supervision—even though their cases are as complex and demanding as those handled by other professionals, who receive considerably more support and supervision in their clinical work.

Prevention is our mandate for today and for tomorrow. The high cost of illness care is a tide we can ride as we work toward changing our society's values. We already have much of the knowledge we need on what to do to prevent low birth weight. We know some measures that can be instituted to reduce the incidence of developmental decline. What we need to improve is our organization of service delivery.

For example, I find that the health departments and other agencies in the community tend to be isolated from one another, sometimes because of artificial barriers labeled "policies." Thus, we need to foster increased interagency collaboration.

We need to work on developing the organization, social will, and political will needed to implement our knowledge so that we can see the lives of children and families improve. Children are a public resource. It is our obligation to see that this resource is nourished.

Kathryn E. Barnard, MSN, PhD



The Great American Smoker

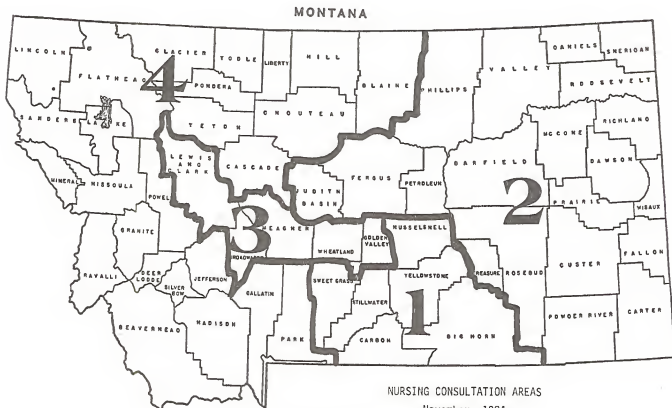
Take a day off from smoking • Nov. 15, 1984

NURSING CONSULTATION AREAS DEFINED . . .

The map reproduced below indicated the generalized nursing consultant who has responsibility for your county. In addition, to generalized nursing consultation responsibilities, each nurse listed has other areas in which she works, i. e.,

Maxine Ferguson -- nursing administration, school nursing
Fay Sweeney--maternal-child nursing, particularly well-child, perinatal
Judith Gedrose -- communicable disease control, also is State Epidemiologist
Eunice Kelly -- home health

These nurses, other nurses and staff of the Nursing Bureau, Clinical Programs Bureau, and Dental/Health Education Bureau are available to assist you. Please call them at 406/444-4740 (except Eunice Kelly, Bruce Desonia, and Stephen Linder - their numbers are 961-3163 (Eunice); 721-5700 (Bruce); and 252-5697 (Steve)).



NURSING CONSULTATION AREAS

November, 1984

1. Maxine Ferguson
2. Fay Sweeney
3. Judith Gedrose
4. Eunice Kelly

REPORT FORMS AVAILABLE

A sample copy of a "Nurse's Daily Report" form is available upon request from the Bureau of Nursing. Please ask for form CHN 14a. This form may be reproduced by your agency for ongoing use.

ALSO available are "Monthly Nursing Activity Report" forms, no. CHN 14. These may be requested in quantity sufficient for you to report each month's activities, and may also be reproduced by your agency.

The two forms have been designed for information to be transferred from one to the other at the end of a month, so that a monthly summary can be sent to the Bureau of Nursing and to others to whom you report (or should report) regularly.

SCHOOL COPE



The Montana Association of School Nurses held its fall meeting and workshops in Helena on October 18 and 19, 1984.

Elected as Secretary/Treasurer was Lora Wier, Teton County Public Health Nurse.

Penny Carpenter, Park County rural schools nurse, was elected Vice President.

Other business items included a discussion of certification of school nurses, revisions of the School Nursing Guidelines, and planning for the April, 1985, meeting in Bozeman.

Persons wishing more information about the organization can contact one of the officers newly elected, or the President, Janet Colberg, Capital High School, 100 Valley Drive, Helena, MT 59601. Comments or concerns about the business items can be directed to the following:

Certification of school nurses -- Kathleen Manion, East Helena
Revisions of School Nurse Guidelines -- Penny Carpenter, Livingston
Karen Smith, Great Falls
Plans for Spring, 1985, meeting -- Janet Colberg

WHAT Should School Health Include?

Score Your School

Quality Health Education Should Assure Every Student of:

BASIC KNOWLEDGE IN SUCH AREAS AS

YES NO

- Physical Fitness ☐ ☐
- Nutrition ☐ ☐
- Mental Health ☐ ☐
- Alcohol and Drug Education ☐ ☐
- Disease Control ☐ ☐
- Family Living ☐ ☐
- Consumer Education ☐ ☐
- Health Careers ☐ ☐
- Growth and Development ☐ ☐
- Safety and First Aid ☐ ☐

ABILITIES TO

- Assess Physical and Emotional Health Needs ☐ ☐
- Make Responsible Decisions In All Areas of Health ☐ ☐



OPPORTUNITIES TO

- Make Positive Changes in Health Behavior ☐ ☐
- Develop Personal, Emotional and Physical Health Practices for the Healthiest Living Throughout Life ☐ ☐

Basic Health Services Contribute to Better Learning for All. Recommended Services Should Include:

YES NO

SCREENING PROGRAMS FOR

- ☐ ☐ Vision, Hearing,
- ☐ ☐ Dental, Scoliosis
- ☐ ☐ And Other Health Needs

HEALTH ASSESSMENTS TO

- ☐ ☐ Identify Needs of Students
- ☐ ☐ Help Plan Their Regular and Special Education Programs



HEALTH COUNSELING FOR

- ☐ ☐ Promotion of Better Health Practices
- ☐ ☐ Correction of Defects
- ☐ ☐ Communicable Disease Prevention and Control of Common Illnesses
- ☐ ☐ Review and Interpretation of Doctor Reports and Health Records for School Personnel
- ☐ ☐ Emergency Health Management and Care of Students
- ☐ ☐ Health Assistance to Personnel and Instruction of Parents

...Are YOU Satisfied?

AUDIO-VISUAL OPPORTUNITIES

BURN WISE and the Burn Wise Primer are available from:

The Burn Center at
The New York Hospital - Cornell
Medical Center
525 East 68th Street
Box 581
New York, NY 10021

BURN WISE is an 18-minute color film which teaches burn prevention and first aid. **BURN WISE** answers such important questions as:

- how do you smother a fire or hot oil fire - one holding a small child?
- what do you do if you catch on fire?
- what immediate steps must you take to control a grease fire in the kitchen?
- what should you teach your child about matches?
- what "home remedies" are helpful for burns?

BURN WISE takes place in a real home, involving viewers by asking them to identify potential fire and burn hazards. Testimony from burn victims reinforces prevention and first aid information. Doctors and nurses, specialists in burn care, instruct viewers in correct emergency response and first aid. **BURN WISE** teaches everybody how to be burn wise. **BURN WISE** communicates with audiences of every age, ethnic background, and culture. **BURN WISE** reminds us that burn prevention is everybody's business.

Telephone: 212/472-6890



FROM: Lyle Stuart Inc., Dept.
W-5, 120 Enterprise Avenue,
Secaucus, New Jersey 07094

are available the following:

BURN WISE

Color, Sound, 18 Minutes. 16mm @ \$250.

Also available in 3/4" videotape cassette @ \$150.

1/2" videotape cassette (Betamax or VHS) @ \$150.

A special version with American Sign Language interpretation is available on 3/4" videotape only @ \$150.

Why Was I Adopted?

Why Am I Going to the Hospital?

What Am I Doing in A Stepfamily?

Where Did I Come From?

What's Happening to Me?



Return to: Lyle Stuart Inc., Dept. W-5, 120 Enterprise Ave., Secaucus, NJ 07094.

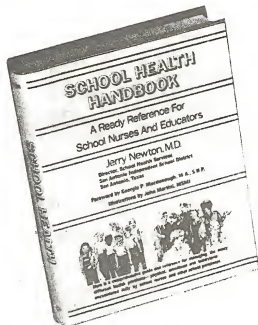
☐ Yes! Rush me All Five Books at the Special Price of \$50. (I save \$161)

Please send only: (\$12 each, plus postage and handling)*

- _____ copy/ies Why Was I Adopted? (40257)
- _____ copy/ies Why Am I Going To The Hospital? (40316)
- _____ copy/ies What Am I Doing In A Stepfamily? (40325)
- _____ copy/ies Where Did I Come From? (40161)
- _____ copy/ies What's Happening To Me? (40221)

Prepayment is required with all orders. Amount enclosed: \$ _____

*Please note: unless you are ordering all five books at the special price, add \$2 postage and handling for the first book ordered and \$1 for each additional book. (New Jersey residents also add 6% sales tax.)



SCHOOL HEALTH HANDBOOK -- A Ready Reference for School Nurses And Educators

Published by Prentice-Hall, Inc., Englewood Cliffs, N.J. 07632, this practical reference includes the major types of school health problems.

Of special interest to many will be the many forms which may be reproduced for use in your school.

Some Montana nurses who have reviewed the text said it was "quite basic", but possibly a good book to have available for teachers to use as reference.

The cost quoted is \$24.95 + postage & handling.

INFLUENZA VACCINE 1985-86

When local agencies have attempted to purchase influenza vaccine through the State term contract during this current year, many problems have occurred. Several steps have been taken to resolve these problems BEFORE next year's orders are submitted:

- 1) Local agency billing accounts -- Public providers who wish to take advantage of the State term contract price should contact the Parke-Davis representative in their area, so that he can personally visit your agency to set up a billing account. The Parke-Davis representatives are:

Gary Zinn
4304 Edwards Avenue
Missoula, MT 59801

Jay Schaaf
1635 Broadmoor Drive
Billings, MT 59105

Bob Becker
905 15th Street
Butte, MT 59701

549-6642

245-8168

782-3570

- 2) In order to obtain the best possible price for next year, the State Department of Administration purchasing department requests that public agencies submit anticipated numbers of doses needed for the 1985-86 influenza season.

Return the form below to: Immunization Program, DHES, Cogswell Building, Helena, MT 59620. The phone number is 444-4740.

The Immunization Program will provide the State purchasing agent a total of anticipated doses for submission for bid for next year's vaccine.

<u>Quantity (doses)</u>	<u>Packaging Type</u>	<u>1985-86 Prices</u>
_____	Multi-dose, 5 ml (10-dose vial) (free syringes available)	\$19.00/vial or \$1.90/dose
_____	Single-dose, 0.5 ml, packaged in single-dose syringes	\$25.50/10 doses or \$2.55/dose

Agency Name _____

Address _____

Phone Number _____

MONTANA STATE DATA CENTER ORGANIZATIONS

★ LEAD AGENCY

Census and Economic Information Center
Montana Department of Commerce
1424 Ninth Avenue
Helena, Montana 59620-0401
Phone: (406) 444-2896

○ OTHER PROGRAM COMPONENTS

Bozeman
Center for Data Systems and Analysis
Montana State University
Bozeman, Montana 59717
(406) 994-4481

Helena
Montana State Library
1515 East 6th Avenue
Helena, Montana 59620
(406) 444-3004

Missoula
Bureau of Business and Economic
Research
University of Montana
Missoula, Montana 59812
(406) 243-5113

● LOCAL AFFILIATES

Billings
Library Services
Eastern Montana College
Billings, Montana 59101
(406) 657-1657

Parmly Billings Library
510 No. Broadway
Billings, Montana 59101
(406) 657-8258

Bozeman
Bozeman Public Library
220 East Lamme
Bozeman, Montana 59715
(406) 588-4788

Cooperative Extension Service
Montana State University
Bozeman, Montana 59717
(406) 994-3402

Renne Library
Montana State University
Bozeman, Montana 59717
(406) 994-3430

Butte
Montana College of Mineral
Science and Technology
Butte, Montana 59701
(406) 792-4282

Dillon
Lucy Carson Library
Western Montana College
Dillon, Montana 59725
(406) 683-7541

Glasgow
Glasgow City-County Library
408 3rd Ave. South
Glasgow, Montana 59230
(406) 228-2731

Great Falls
Great Falls Public Library
2nd Ave. No. & 3rd St.
Great Falls, Montana 59401
(406) 453-0349

Have
Library Services
Northern Montana College
Have, Montana 59501
(406) 255-7821, ext. 7821

Kallispell
Flathead County Library
247 First Ave. East
Kallispell, Montana 59901
(406) 755-5300, ext. 357

Miles City
Miles City Public Library
1 South 10 St.
Miles City, Montana 59301
(406) 232-1496

Missoula
Mansfield Library
University of Montana
Missoula, Montana 59812
(406) 243-6700

Missoula City-County Library
101 Adams
Missoula, Montana 59801
(406) 728-5900

What Is Available?

The MONTANA STATE DATA CENTER program was developed to expand users' access to demographic (population), economic, social, and related resources. The program's major source of data is the Bureau of the Census, U.S. Department of Commerce, which provides machine-readable computer tapes and printed publications of Census information. Other important sources include the U.S. Bureau of Economic Analysis (also in the U.S. Department of Commerce), the Montana Department of Labor and Industry, and the Montana Department of Revenue, just to name a few. With this information available at multiple locations throughout the state (see the specific listings in this brochure), we are able to offer a variety of services, including:

- quick, efficient responses to routine information requests on the population and economy of Montana, its counties, cities, towns, etc.;
- publication of state and county profiles;
- limited research and analysis on special projects;
- both formal and informal training on the availability and use of Census Bureau and other agencies' products and services.

Who May Use These Services?

EVERYONE!! The MONTANA STATE DATA CENTER program is designed to serve everyone from the curious individual searching for the population of Bozeman to the international corporation gathering information on a new facility site. Because we are not committed solely to any one group or organization, we are able to serve:

- business and industry of all sizes;
- federal, state, and local government agencies;
- educational, health care, and charitable institutions;
- planners and consultants of all kinds;
- students and researchers; and YOU!

FOR MORE INFORMATION, CONTACT:

Patricia A. S. Roberts, Program Manager
Census and Economic Information Center
Montana Department of Commerce
1424 Ninth Avenue
Helena, Montana 59620-0401
Phone: (406) 444-2896



The MONTANA STATE DATA CENTER has your number!! In fact, we have everyone's number!

We also have:

- economic data
- maps
- research and analysis capabilities
- user training services
- and more . . . much, much more!

The MONTANA STATE DATA CENTER program is a cooperative effort between the U.S. Bureau of the Census and 18 Montana agencies spread across the state. The purpose of this program is to make Census materials and other federal, state and local data resources more readily available to business, government agencies, and the general public. Whether you want the information for decision-making, budgeting, report preparation, or just to learn more about Montana and her people, the chances are good we'll have what you need.

L K I N G A H E A D

DATE	EVENT	LOCATION
January 21 - 25	Clinical Management & Control of Tuberculosis National Jewish Hospital, 3800 East Colfax. Denver, 80206	Denver
	ALSO: April 15 - 19	
January 30	SCHOOL NURSE DAY	
February 20 - 23	Fourth Annual Big Sky Pulmonary Conference American Lung Association of Montana, 825 Helena Avenue, Helena 59601 442-6556	Big Sky
March 1 - 7	NATIONAL PHYSICAL EDUCATION & SPORTS WEEK	
March 15 - 16	MNA Nursing Fair - The Nurse in '85: A Political Power, MNA, P. O. Box 5718, Helena, 59604, 442-6710	Helena
April 23 - 25	MPHA, MEHA, MASN, MAHHA, and related groups ANNUAL MEETING and workshops	Bozeman
April 24	SECRETARIES' DAY	
April 30	Application Deadline, ANA Certification Exams (to be given in Helena, October 5, 1985) ANA, 2420 Pershing, Kansas City, MO 64108	
May 9 - 10	Financial Management JSI/DHES Family Planning 444-4740	Helena
May 21 - 22	TENTATIVE!!! Marketing for Family Planning JSI/DHES Family Planning 444-4740	Billings
	DATES AND LOCATIONS TO BE ANNOUNCED	
? April/May	One-day Communicable Disease Workshops emphasizing surveillance and reporting	
? May/June	STD Clinical Course will be repeated in fall, 1985	Helena
? January/February	Diabetes Workshop sponsored by Bozeman Deaconess	